



State of Washington  
Department of  
Labor and Industries

# PROVIDER BULLETIN

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**PB 96-10**

## THIS ISSUE

### Exchanging Medical Information with Employers

#### TO:

Physicians  
Chiropractors  
Osteopathic Physicians  
Podiatrists  
Optometrists  
Naturopaths  
Dentists

#### FROM:

**Sandy Dziedzic**  
Department of Labor  
and Industries  
PO Box 44311  
Olympia, WA 98504-4311  
(360) 902-5005

**Effective:**  
**October 1, 1996**

**Replaces:**  
**Provider Bulletin #96-01**

This Provider Bulletin applies to **state fund employers only**.

#### ***Background***

Studies have shown that injured workers recover more quickly and with less impairment when they return to work as soon as possible following the injury. Over the years, the department has been working with employers to encourage their participation in early return to work through job offers of light, modified or transitional work.

#### ***Why provide information to the employer?***

Employers need current medical information to assist in returning injured workers to work as soon as possible following an injury.

#### ***When should this information be sent to the employer?***

The physician should provide information about physical capacities, physical restrictions or possible return to work dates **whenever the employer of injury requests** that information. This will enable the employer to develop a feasible job offer for the worker.

#### ***What information should the attending doctor send?***

According to RCW 51.32.090(4)(a), the attending doctor must review the physical requirements of any job offer submitted by the employer of record and determine whether the worker can perform that job. The job offer should contain a job title, a description of the tasks, work schedule and other related information you need to determine if the job is appropriate.

**Whenever the employer asks**, the attending doctor should send the employer an estimate of physical capacities or physical restrictions and review each job offer submitted by the employer to determine whether or not the worker can perform that job.

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### ***Who should be billed?***

The department may be billed **only when the information has been requested by the employer** for the following services under the provisions of RCW 51 .32.090(4)(a): .

- a doctor's estimate of physical capacities or restrictions
- review of the physical requirements for each job offer submitted to the attending doctor and a decision about whether or not the worker can perform that job

**Note: Doctors cannot bill the department when providing the employer with copies of existing records or any other medical information.** Do not bill the department for providing the employer with a copy of a Physical Capacity Evaluation already carried out, copies of your chart notes, routine office forms (including Release for Work forms) or similar records. The following codes are intended for use when the employer makes a specific request to which you have responded.

### ***What procedure codes should be billed?***

The following codes and parameters have been set to facilitate the exchange of medical information **with employers** necessary to facilitate a return to work:

<b>Procedure Code</b>	<b>Description</b>	<b>Fee</b>
1037M	Providing physical capacity or physical restriction assessment <b>directly to the employer of record when requested by the employer.</b>  Billing limited to one unit (exchange of information) per day.	\$14.74
1038M	Attending doctor's approval or rejection of a light, modified or transitional job offer <b>submitted by the employer of record.</b>  Bill one (1) unit for each job offer (including review of the job analysis) <b>submitted by the employer of record.</b>	\$23.59

Note: These procedure codes are to be used **ONLY when** the above services are **requested by and provided to the employer of record. DO NOT USE** these codes to bill for information provided to the Department of Labor and Industries or any other party.

**For audit purposes, the doctors' chart notes must reflect the service provided (physical capacity information, job offer or job analysis review), date and employer name.**

**Department of Labor and Industries  
Health Services Analysis  
PO Box 44322  
Olympia WA 98504-4322**

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